

Issuance of Multiple Prescriptions for Schedule II Controlled Substances

1. What does this rule allow a practitioner to do?
 - A practitioner may provide individual patients with multiple prescriptions for the same schedule II controlled substance to be filled sequentially. The combined effect of these multiple prescriptions is to allow the patient to receive, over time, up to a 90-day supply of that controlled substance.
2. What are the requirements for the issuance of multiple prescriptions for schedule II controlled substances?
 - Requirements for issuance:
 - o Each prescription issued is for a legitimate medical purpose by an individual practitioner acting in the usual course of his/her professional practice
 - o The individual practitioner must provide written instructions on each prescription indicating the earliest date on which a pharmacy may fill each prescription.
 - o The individual practitioner complies fully with all other applicable requirements under the Controlled Substances Act and implementing regulations, as well as any additional requirements under state law.
3. Is there a limit on the number of schedule II dosage units a Practitioner can prescribe to a patient?
 - There is no federal limit as to the amount of controlled substances a practitioner can legitimately prescribe. However, if a registered practitioner issues multiple schedule II prescriptions, he/she is limited to the combined effect of allowing a patient to receive, over time, up to a 90-day supply of a particular schedule II controlled substance.
4. Is post-dating of multiple prescriptions allowed?
 - No. Federal regulations have always required that all prescriptions for controlled substances “be dated as of, and signed on, the day when issued.
5. Can a pharmacist change any of the dates on the multiple prescriptions written for a total of 90 days’ supply after consultation with the prescriber?
 - No. Federal regulations do not allow the changing of any of the dates nor the dates of the “Do not fill before” dates.

LTCF

6. Can a patient in a Long Term Care Facility (LTCF) receive methadone for maintenance of opioid addiction?
 - If the LTCF is registered with DEA as hospital/clinic, it need to be separately registered as a Narcotic Treatment Program (NTP) to administer or dispense methadone as an adjunct to medical treatment of conditions other than addiction.
 - If an LTCF is not registered with the DEA has a patient who is also currently enrolled in a licensed NTP, the NTP may transfer medication to the LTCF with the approval of the State Methadone Authority (Kansas Department of Aging and Disability Services Opioid Treatment Authority).

- If an individual is not currently enrolled in an NTP and is in an LTCF that is not registered with the DEA, a practitioner may administer narcotic drugs to the individual for relieving acute withdrawal symptoms when necessary while arrangements are being made for referral for treatment. No more than one day's medication may be administered to the individual or for the individual's use at one time. Such emergency treatment may be carried out for no more than three days and may not be renewed or extended.
- 7. Can controlled substance prescriptions for a resident of an LTCF be faxed to a pharmacy?
 - Yes. Schedules II-V controlled substance prescriptions may be transmitted by the practitioner or the practitioner's agent to the dispensing pharmacy by fax. The fax serves as the original written prescription.
- 8. Can an LTCF return a resident's unused controlled substance medication to a pharmacy?
 - No. There are no provisions in the Controlled Substance Act for a DEA registrant (i.e., retail pharmacy) to acquire controlled substances from a non-registrant (i.e., resident of an LTCF).

Prescriptions and Labels

- 9. What information is required to be on a medication label?
 - See Regulation K.A.R. 68-7-14 (may be found on the Website under "Statutes & Regs")
- 10. Can a Physician's Assistant (PA) dispense prescriptions?
 - A PA can dispense prescription-only drugs when it is in the best interest of the patient and when pharmacy services are not readily available. An amount not to exceed a 72-hour supply may be dispensed.
- 11. What information is required to be on a prescription written by a PA or APRNs?
 - The information required on a prescription written by a PA is...
 - o Name, address, and telephone number of the responsible physician
 - The information required on a prescription written by a APRN is...
 - o Name, address, and practice location of the APRN
 - o Name, address, and telephone number of the responsible physician
 - o Signed by the APRN with the letters A.P.R.N.
- 12. Can a pharmacy accept a prescription for "Office Use"?
 - No. This is considered distribution. This must be documented with an invoice record. If it is a controlled substance the purchaser and supplier must both provide their DEA numbers. Also, if it is a Schedule II medication, the purchaser must provide a DEA Form 222 to the seller before the transfer is complete.
- 13. Can controlled substance prescriptions for hospice patients be faxed to a pharmacy?
 - A prescription written for a schedule II narcotic substance for a patient enrolled in a hospice care program certified and/or paid for by Medicare under Title XVIII or a hospice program which is licensed by the state may be transmitted by the practitioner or the practitioner's agent to the dispensing pharmacy by fax.
- 14. Does a fax header have to be on a faxed prescription?
 - There must be an identifier so the pharmacy knows where it originated. The person sending the fax must also provide their first and last names if it is someone other than the provider.

15. How long are prescriptions valid after a doctor moves out of state, retires or dies?
- A prescription for a controlled substance ceases to be valid once the patient-physician relationship is severed. A non-controlled maintenance prescription is valid until the patient has time to establish another physician relationship (typically 30-days).
16. Who can write a prescription?
- An M.D. and a D.O. may write prescriptions for any drug regardless of their specialty. The Board of Healing Arts does not license specialties or practices. If the practitioner writes a prescription for a controlled substance they must have a DEA number and it must be on the prescription.
 - Podiatrists may prescribe drugs for the treatment of the foot.
 - Chiropractors are expressly prohibited from writing prescriptions.
 - Naturopaths are prohibited from prescribing prescription drugs or controlled substances. A Naturopathic doctor via a written protocol with a physician (MD or DO) may utilize the Naturopathic formulary found at K.A.R. 100-72-8.
 - Dentists may write prescriptions for any drug necessary for the practice of dentistry.
 - Optometrists licensed as a therapeutic licensee may prescribe topical and oral drugs for the treatment of any insufficiency or abnormal condition of the human eye.
 - Physician Assistant or Advanced Practice Registered Nurse may prescribe pursuant to a protocol with an M.D or D.O. If they prescribe a controlled substance they must have a DEA number and write it on the prescription. They must also include on the prescription the name of their protocol/supervising physician.
17. Foreign prescriptions:
- Prescriptions from the U.S. Territories of Puerto Rico and the Virgin Islands may be filled. The prescriptions must meet the requirements of a prescription in Kansas.
 - If the prescriber is unknown to the pharmacist, the pharmacist should make every reasonable effort to determine the authenticity of the prescription.
 - Canada. Prescriptions are not considered legal in Kansas. Transfers are not allowed either by transfer to the Kansas pharmacy nor from a Kansas pharmacy.
 - Other countries. Prescriptions are not considered legal.

Methadone

18. Can a practitioner prescribe methadone for the treatment of pain?
- Federal law and regulations do not restrict the prescribing, dispensing, or administering of any schedule II, III, IV, or V narcotic medication, including methadone, for the treatment of pain, if such treatment is deemed medically necessary by a registered practitioner acting in the usual course of professional practice.
 - Confusion often arises due to regulatory restrictions concerning the use of methadone for the maintenance or detoxification of opioid addicted individual, in which case the practitioner is required to be registered with the DEA as a Narcotic Treatment Program (NTP).

19. Can a patient in a Long Term Care Facility (LTCF) receive methadone for maintenance of opioid addiction?
- If the LTCF is registered with DEA as hospital/clinic, it need to be separately registered as a Narcotic Treatment Program (NTP) to administer or dispense methadone as an adjunct to medical treatment of conditions other than addiction.
 - If an LTCF is not registered with the DEA has a patient who is also currently enrolled in a licensed NTP, the NTP may transfer medication to the LTCF with the approval of the State Methadone Authority(Kansas Department of Aging and Disability Services Opioid Treatment Authority).
 - If an individual is not currently enrolled in an NTP and is in an LTCF that is not registered with the DEA, a practitioner may administer narcotic drugs to the individual for relieving acute withdrawal symptoms when necessary while arrangements are being made for referral for treatment. No more than one day's medication may be administered to the individual or for the individual's use at one time. Such emergency treatment may be carried out for no more than three days and may not be renewed or extended.
20. May a hospital administer methadone to maintain an addiction?
- Only to treat or maintain addiction or detoxify an addict when used as an incidental adjunct to a medical or surgical treatment of conditions other than addiction.

Controlled Substances

21. How should a CII be cancelled?
- All CII prescriptions should be cancelled on the face of the prescription with the name of the pharmacist filling the prescription.
22. Is it permissible to dispense a prescription for a quantity less than the face amount prescribed resulting in a greater number of dispensations than the number of refills indicated on the prescription?
- Yes. Partial refills of a scheduled III and IV controlled substance prescriptions are permissible under federal regulations provided that each partial filling is dispensed and recorded in the same manner as a refilling (i.e., date refilled, amount dispensed, initials of dispensing pharmacist, etc.) the total quantity dispensed in all partial fillings does not exceed the total quantity prescribed, and no dispensing occurs after six months past the date of issue.
23. Can an individual return his/her controlled substance prescription medication to a pharmacy?
- No. An individual patient may not return his/her unused controlled substance prescription medication to the pharmacy.
24. What changes may a pharmacist make to a CII prescription?
- A pharmacist may add a date if it is not written with consultation with the prescriber. A pharmacist may also change a drug strength, quantity, and directions for use after consulting with the prescriber. The patient's address, prescriber's DEA number may also be added. A dosage form may be selected if one is not written. All information added/changed must be initialed dated and timed.

- All other information may not be changed (patient name, drug, prescriber name, and date if one is written).
25. Can a controlled substance be prescribed to treat weight loss?
- As stated by the Board of Healing Arts, a physician may not prescribe more than a 30 day supply of a controlled substance used to treat obesity. Amphetamines may not be prescribed for the treatment of obesity. (example: Phentermine, Qsymia®, Belviq®)
 - Contrave® and Saxenda® are not controlled substances and may have refills.
26. Is there a quantity limit for the amount a pharmacist may dispense of a CII prescription?
- There is not a restriction on the quantity of a CII prescription that may be supplied.
27. Is Tramadol a controlled substance?
- Tramadol will be a C-IV effective August 18, 2014.

Pharmacist or Pharmacy

28. Can a pharmacist be a PIC at more than one pharmacy?
- Regulation 68-7-13 states “no pharmacist shall be a PIC of more than one full-time pharmacy which is defined as being one where the on-premises pharmacist services total 30 hours or more weekly.” A pharmacist could be PIC at more than one pharmacy as long as no more than one provided services more than 30 hours/week.
29. Can shipments be delivered to a loading dock or warehouse at a hospital or store where a pharmacy is located?
- It must be delivered to the licensed address location.
30. How must PHI be protected?
- It is up to each pharmacy to establish proper procedures for maintaining the security of PHI.
31. What must be done when a PIC resigns?
- Notify the Board of Pharmacy within 5 days of resignation in writing. The notification must include the name and address of the pharmacy and last day they will be serving as PIC.
 - Take a final inventory of all controlled substances (within 72 hours of ceasing to be PIC).
 - Make a copy of the pharmacy registration and return the original registration to the Board of Pharmacy office.
 - The pharmacy owner must obtain a new PIC within 30 days.
 - The Incoming PIC shall take a beginning inventory of all controlled substances within 72 hours of assuming the position of PIC.
32. How often do CQI's need to be done?
- CQI's must be done quarterly.
33. What documentation needs to be done during a CQI meeting? (K.S.A. 65-1695 & K.A.R. 68-19-1)
- Date of meeting
 - Who attended
 - Types of reportable events with prescription numbers
 - What progressive preventative steps will be done to prevent future errors.
34. Do technician registrations and pharmacist licenses have to be displayed? (K.S.A. 65-1641 & K.S.A. 65-1645(e).

- Licenses and registrations must be hung where they can be seen.
35. When must the pharmacist offer counseling on a medication?
- A pharmacist must offer counseling on all new prescriptions, once yearly on maintenance medications, and with refills if the pharmacist deems it necessary. Counseling must be offered each time a CII is filled since these are all new prescriptions. These duties cannot be delegated.
36. May a technician ask the patient if they have any questions for the pharmacist?
- No. Only a pharmacist may offer to counsel.
37. How soon must the Board be notified of an address change?
- The Board must be notified within 30 days of changing addresses by giving both the old and new addresses. An "Address of Record" must be designated to send information to.
38. What needs to be done upon the cessation of operations of a pharmacy?
- Return pharmacy registration and provide a written explanation of the disposition of all drugs and records and the relocation of the closed prescription files within five days after operations stop. All records must be kept on file for 5 years.
39. Can an Advanced Nurse Practitioner order medications or vaccines from a wholesaler?
- No. Since they are working under a physician's license and only the physician has the authority to distribute, an Advanced Nurse Practitioner may not order medications or vaccines. This must be done by a physician.
40. **NAMETAGS** – All pharmacy staff (pharmacists or technicians) shall wear a visible nametag, stating name and position. This applies to all pharmacy settings whether hospital, retail, or closed door.

Technicians

41. What functions may a technician perform? The pharmacist working with the technician is responsible to assign tasks the technician has been trained to perform. A technician is not permitted to perform judgmental functions. The technician **shall not** read and interpret a prescription; verify the compounding, counting, measuring of ingredients; document the accuracy of a prescription; offer to counsel; transfer prescriptions; take new phoned-in prescriptions; perform product selection; conduct the final verification; or consult with prescribers about prescriptions.
42. What documentation must be kept concerning technician training?
- Technician training is required to be documented annually. Training manuals and check off sheets must be kept on file. As with all records, these shall be maintained for 5 years.
43. What is the technician: Pharmacist ratio?
- The ratio is 2:1. However the pharmacy may utilize a 3:1 ratio provided 2 of the technicians working are nationally certified. The third technician may or may not be nationally certified.
44. Does a technician have to be registered with the Board?
- Yes. To function as a pharmacy technician, the person must first be registered with the Board. An application must be filed with applicable fees and fingerprint card. The technician may not begin functioning as a technician before obtaining a registration.

Graduates of Foreign Schools

45. When can I apply for my intern license in Kansas if I graduated from a school of pharmacy outside of the United States?
- The candidate must first apply and take the FPGEC. The foreigner must also prove they have the ability to communicate in English. They must pass the test of English as a foreign language (TOEFL) and the test of spoken English (TSE) or pass the internet-based TOEFL (iBT).
46. When applying for my intern license, does the Board of Pharmacy recognize rotation hours in an international pharmacy school?
- No. The candidate must first pass the FPGEC they can then fill out an Intern application. The candidate is then responsible for arranging to obtain the 1500 hour internship in a hospital or retail pharmacy.
47. When applying for my intern license, does the Board of Pharmacy recognize hours worked in a pharmacy outside of the United States?
- No. The candidate must first pass the FPGEC they can then fill out an Intern application. The candidate is then responsible for arranging the 1500 hour internship in a hospital or retail pharmacy.

VACCINES

48. May a pharmacist administer a vaccine pursuant to a prescription and not a protocol?
- No. The prescription gives authority to dispense. A protocol would give the authority to administer.
49. May a pharmacist administer any vaccine to any patient requesting the vaccine?
- A pharmacist may administer a vaccine provided the protocol allows the administration and the statutory age restrictions are observed. Some practitioners only allow flu and pneumonia to be given and a prescription from another physician may not override the protocol.
50. May a pharmacist administer a vaccine at a location other than the pharmacy?
- Yes. A pharmacist may administer a vaccine at any location if not prevented by the protocol.